

SINGLE/MULTI-CHILD MEAL BENEFIT APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete one Meal Benefit Application for the child(ren) in your household that attend day care, sign your name and return the Meal Benefit Application to the day care center/home sponsor. If you have any questions, please contact the day care center or home sponsor at _____.

| 1. Print Each Child's Name and School Information: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Full Name</th> <th style="width: 10%;">Age</th> <th style="width: 57%;">Day Care Center/Day Care Home</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table> | Full Name | Age | Day Care Center/Day Care Home | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | 2. Food Stamp or TANF Cash Assistance Number: <div style="text-align: center; margin-top: 20px;"> ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ </div> <p>Enter the nine (9) Digit Case Number assigned by the County Assistance Office. If you entered a nine digit Case Number, SKIP TO PART 5.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name | Age | Day Care Center/Day Care Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Foster Child: Yes ____ No ____ List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____ SKIP TO PART 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Household Members and Income: List all adults and children in household. Provide source, amount and how often you receive income or indicate no income. Income to report includes earnings from work, pensions, retirement, social security, welfare, child support, savings, alimony and other income. See Instructions for examples of other income. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 30%;">NAMES OF ALL HOUSEHOLD MEMBERS:</th> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">SOURCE OF INCOME</th> <th colspan="5" style="text-align: center; border-bottom: 1px solid black;">AMOUNT RECEIVED</th> </tr> <tr> <th style="width: 15%;">Source 1</th> <th style="width: 15%;">Source 2</th> <th style="width: 15%;">WEEKLY</th> <th style="width: 15%;">EVERY 2 WEEKS</th> <th style="width: 15%;">TWICE A MONTH</th> <th style="width: 15%;">MONTHLY</th> <th style="width: 15%;">YEARLY</th> </tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td><td>\$ _____</td></tr> </table> | | NAMES OF ALL HOUSEHOLD MEMBERS: | SOURCE OF INCOME | | AMOUNT RECEIVED | | | | | Source 1 | Source 2 | WEEKLY | EVERY 2 WEEKS | TWICE A MONTH | MONTHLY | YEARLY | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| NAMES OF ALL HOUSEHOLD MEMBERS: | SOURCE OF INCOME | | AMOUNT RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Source 1 | Source 2 | WEEKLY | EVERY 2 WEEKS | TWICE A MONTH | MONTHLY | YEARLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total Number of Household Members: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify the information listed above is current and correct and all income was reported. I understand this information is being given for the receipt of Federal funds; school officials may verify the information on this Meal Benefit Application; and deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> X _____ Signature of Adult Household Member Print Name of Signer _____ Home Telephone No. _____ Street/Apt. No. _____ City/State/Zip _____ </td> <td style="width: 50%; vertical-align: top;"> X _____ Social Security Number * Work Telephone No. _____ Date _____ </td> </tr> </table> | | X _____ Signature of Adult Household Member Print Name of Signer _____ Home Telephone No. _____ Street/Apt. No. _____ City/State/Zip _____ | X _____ Social Security Number * Work Telephone No. _____ Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X _____ Signature of Adult Household Member Print Name of Signer _____ Home Telephone No. _____ Street/Apt. No. _____ City/State/Zip _____ | X _____ Social Security Number * Work Telephone No. _____ Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>*Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child(ren)'s food stamp or TANF Case Number is provided, you must include the Social Security Number of the Adult Household Member signing the Meal Benefit Application or indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the Meal Benefit Application cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the Meal Benefit Application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamp or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. RACIAL/ETHNIC IDENTITY: Please mark one or more racial identities. You are not required to complete this information. <div style="margin-top: 5px;"> ____ American Indian/Alaskan Native ____ Asian ____ Black/African American ____ Native Hawaiian/Pacific Islander ____ White </div> <p>Please check one of the following ethnic identities: ____ Hispanic or Latino ____ Not Hispanic or Latino</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, disability or age. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).</p> <p>To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FOR CENTER/HOME SPONSOR USE ONLY

Monthly Income Conversion: Weekly X 4.33; Every 2 Weeks X 2.15; Twice a Month X 2

Categorically eligible for free benefits by Food Stamps _____ or TANF _____

Or

Total Household Size _____ Monthly Income _____

Eligibility Determination: Approved Free _____ Reduced Price _____ Paid _____

Temporary Until _____ Until _____ Until _____ Until _____

Date Withdrawn _____

Signature of Determining Official _____ Date _____

FOR CENTER PRICING PROGRAMS ONLY

Date Verification Notice Sent _____ Response Due From Household _____ Second Notice Sent _____

Verification Result: No change _____ Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____

Reason for Change: Income _____ Household Size _____ Refused to Cooperate _____

Change in Food Stamp/TANF _____ Other _____

Date Notice of Change Sent _____ Verifying Official's Signature _____ Date _____

FOR HOME SPONSOR USE ONLY**Tier 1 Home Determination**

Provider's Previous Year's Income _____ (Attach IRS 1040 and Schedule C) or Food Stamp _____ (Attach Food Stamp Verification)

Eligibility Determination: Tier 1 Eligible _____ Tier 1 Not Eligible _____ Tier 2 Mixed _____

Signature of Determining Official: _____ Date: _____

**INSTRUCTIONS FOR COMPLETING SINGLE/MULTI-CHILD MEAL BENEFIT APPLICATION
FOR FREE AND REDUCED PRICE MEALS**

To apply for free or reduced price meals, complete one Meal Benefit Application for the child(ren) attending day care using the following instructions. Sign and return the Meal Benefit Application to the day care center or home sponsor. If you have any questions, please contact the day care center or home sponsor at the number provided.

PART 1 - STUDENT INFORMATION: ALL HOUSEHOLDS COMPLETE PART 1.

1. Print the name of the child(ren) for whom you are applying.
2. List the child's age and day care center/home name.

PART 2 - FOOD STAMPS AND TANF HOUSEHOLDS COMPLETE PART 2 AND PART 5.

1. List a current Food Stamp or TANF Cash Assistance Case Number for the child(ren). This is the nine digit number on your notification letter from the County Assistance Office. Only the case number is acceptable for free meal benefits. A Medical Assistance and/or EBT Access card number may not be used.
2. Skip Part 4. Do not list names of household members or income if you list a Food Stamp or TANF Cash Assistance Case Number for the household.
3. Sign the Meal Benefit Application in Part 5. An adult household member must sign.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD COMPLETE PART 3 AND PART 5.

Check if this is a foster child. A foster child is the legal responsibility of a welfare agency or court.

1. List the foster child's "personal use" income. Write "0" if the foster child does not receive "personal use" income. "Personal use income is (a) money given by the welfare office identified by category for the child's personal use, such as clothing, school fees and allowances; and (b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time job(s). Personal use income does not include the welfare funds paid to the foster parents for such things as shelter and care or medical and therapeutic services. Skip Part 4. Do not list any other children, household members or income.
2. A foster parent or other official representing the child must sign the Meal Benefit Application in Part 5.

PART 4 - ALL OTHER HOUSEHOLDS COMPLETE PART 4 AND 5.

1. Write the names of everyone in your household, whether they have income or not. Include yourself, the child(ren) you are applying for free or reduced meals, other children, your spouse, grandparents and other related or unrelated people in your household. Use another piece of paper if additional space is required.
2. Write the amount of income each household member received last month, before taxes or other deductions, and the income source, such as earnings, welfare, pensions and other income*. If any amount last month was more or less than usual, write that person's usual income.

*Income to Report

Earnings From Work
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business or farm

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Welfare/Child Support/Alimony
Public Assistance payments
Welfare payments
Alimony/child support payments

Other Income
Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons
not living in the household
Net royalties/annuities/net rental income
Any other income

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE.

1. The Meal Benefit Application must have the signature of an adult household member.
2. The Meal Benefit Application must have the Social Security Number of the adult signing the application. If the adult does not have a Social Security Number write "none". If you listed a Food Stamp or TANF Case Number for the household or if the child is a foster child, a Social Security Number is not required.

PART 6 - RACIAL/ETHNIC IDENTITY: It is an option to complete the racial/ethnic identity information. This section does not have to be completed to receive meal benefits. The information requested is to ensure all children are treated fairly.